

PART B - FEE(S) TRANSMITTAL



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27189

7590

08/17/2006

PROCOPIO, CORY, HARGREAVES & SAVITCH LLP

530 B STREET

SUITE 2100

SAN DIEGO, CA 92101

11/21/2006 SFELEKE2 00000044 502075 10058462

01 FC:2501 700.00 DA

02 FC:1504 300.00 DA

03 FC:8001 30.00 DA FILING DATE

10/058,462

01/28/2002

Rob Neepser

PA04D (111870-0092)

4677

TITLE OF INVENTION: **AUTOMATED SYSTEM AND METHOD FOR TREATMENT OF SAMPLES ON SOLID SUPPORTS**

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Monica Benson (Depositor's name)

(Signature)

November 14, 2006 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
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10/058,462

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| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$0 | \$1000 | 11/17/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| ALEXANDER, LYLE | 1743 | 436-045000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Eleanor M. Musick
 Procopio Cory Hargreaves
 2 & Savitch LLP

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

NEXUS BIOSYSTEMS, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

POWAY, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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☒ Advance Order - # of Copies 10

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Eleanor M. Musick

Date

November 14, 2006

Typed or printed name

Eleanor M. Musick

Registration No.

35,623

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